

Case Number:	CM13-0046023		
Date Assigned:	12/27/2013	Date of Injury:	06/25/2004
Decision Date:	03/11/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45-year-old male who reported a work related injury on 06/25/2004; the specific mechanism of injury not stated. The patient presents for treatment of chronic low back and left knee pain. The clinical note dated 10/15/2013 reports the patient was seen in clinic for continued left knee pain complaints. The provider documents the patient utilizes naproxen, Norco 10/325, and gaba/keto/lido cream for his left knee pain complaints. The provider documented the patient presents status post left knee arthroplasty, date of procedure not stated.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gaba-Keto-Lido cream 180grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The current request is not supported. California MTUS indicates any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical applications of ketoprofen, gabapentin, and Lidocaine are not supported. Additionally, topical analgesics are noted to be largely experimental in use with few, randomized

controlled trials to determine efficacy or safety per California MTUS Guidelines. Given all of the above, the request for 1 prescription of gaba/keto/lido cream 180 grams is not medically necessary or appropriate.